

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA
WILMINGTON DIVISION

IN RE:

LAWRENCE J. WHITE, IV,
SHELLEY LYNN WHITE,

Debtors.

SHELLEY LYNN WHITE,

Plaintiff,

v.

QUANTUM3 GROUP, LLC,
GALAXY ASSET PURCHASING, LLC.,

Defendants.

Case No.: 14-03109-5-RDD

Chapter 13

Adv. Pro.: 15-00027-5-SWH

EXECUTION OF SERVICE OF PROCESS

I, Adrian M. Lapas, do hereby make the following unsworn declaration under penalty of perjury as authorized under 28 U.S.C. § 1746 and do hereby depose and say as follows:

1. That on or about March 17, 2015, I mailed to defendant Galaxy Asset Purchasing, LLC, a copy of the complaint and a summons issued in the above-captioned adversary proceeding.
2. That on November 26, 2015, I received the return receipt attached hereto as Exhibit "A" evidencing that such was actually received by Galaxy Asset Purchasing, LLC or retrieved by someone acting on its behalf though the date of actual receipt is not stated on the card.
3. That attached hereto is a scan of the actual "return receipt" evidencing actual receipt by defendant.

This the 29th day of March, 2015.

LAPAS LAW OFFICES, PLLC

By: s/ Adrian M. Lapas
Adrian M. Lapas
Attorney for Plaintiff
Post Office Box 46
Goldsboro, NC 27530
Telephone: (919) 583-5400
Facsimile: (919) 882-1777
N.C. State Bar No.: 20022

EXHIBIT "A"

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Wanda KENNEDY</i> C. Date of Delivery</p>
<p>1. Article Addressed to: <i>Galaxy Asset Purchasing, LLC</i> <i>Attn: Managing Agent</i> <i>P.O. Box 27740</i> <i>Las Vegas, NV 89126</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>7014162001 0001 8244 6310</i> (Transfer from Service label)</p>	<p><i>Wh. Fe. Shelley</i></p>
PS Form 3811, July 2013	Domestic Return Receipt